

**CLAIM OF: State Farm Insurance Companies as subrogee of
Linda D. Bolden
P.O. Box 10003
Duluth, Georgia 30096-9403**

For damages alleged to have been sustained as a result of a vehicular accident on July 25, 2000 at 640 North Avenue, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **State Farm Insurance Companies as subrogee of Linda D. Bolden** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 25, 2000 at 640 North Avenue, NE., as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0676

Date: November 16, 2000

Claimant /Victim LINDA D. BOLDEN
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES
Address: P.O. Box 1003, Duluth, Georgia 30096
Subrogation: X Claim for Property damage \$ 3,366.02 Bodily Injury \$
Date of Notice: 10/26/00 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 7/25/00 Place: 640 North Avenue, NE
Department PR&CA Division Parks
Employee involved Robert L. Abron, Jr. Disciplinary Action: No longer employed with City

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was backed into by a vehicle that was operated by a city employee. The city employee was cited for "improper backing".

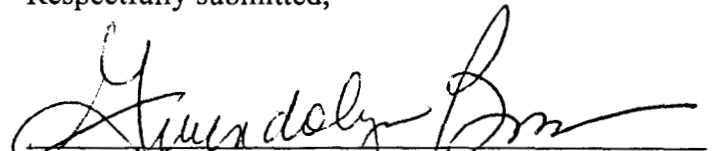
INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

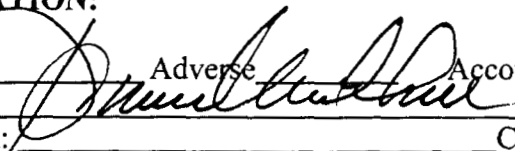
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected Compromise settlement X
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager:  Concur/date 11-17-00
Committee Action: Council Action

State Farm Insurance Companies



Burns
11/02/00
Dm

26-10-00A10:05 RCVD

October 20, 2000

Council of the City of Atlanta Municipal Clerk
City Hall, 55 Trinity Av SW
Atlanta, GA 30335

Auto Claim Central
11350 Johns Creek Parkway
Post Office Box 10003
Duluth, Ga 30096-9403

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ENTERED - 11-2-00 - SB

00L0676 - GWEN BURNS

RE: Our Claim Number: 11-3499-714
Date of Loss: July 25, 2000
Our Insured: Linda D. Bolden
Your Insured: City of Atlanta
Your Insured's Address: City Hall, 55 Trinity Av SW
Atlanta GA 30335
Your Insured's Pol No:
Your Claim No:

Dear Council of the City of Atlanta:

We have been informed that you are the insurance carrier for the party designated as your insured in the caption of this letter. Our investigation of this accident establishes that your insured was responsible for this accident.

— Please accept this letter as notice of our subrogation rights under:

Personal Injury Protection (PIP) ☒ Vehicle Damage
Medical Payments Coverage (MPC) ☒ Other:

☒ Should we be called upon to make payment under our policy we will be looking to you for reimbursement.

— We have made the following payments to date and request reimbursement as shown below:

Name of our Payee /	PIP/MPC /	VEHICLE /	OTHER
/	/	(LESS SALVAGE) /	PAYMENT
/	/	/	/
/	/	/	/

Net amt. paid by Co. \$

Insd. Ded \$

TOTAL PAID \$

Sharon Keahey
Sharon Keahey, Team 05
Claim Representative
(800) 578-8001
State Farm Mutual Automobile Insurance Company

PS: Police report attached

Shawn Camel

\$ 3,366.⁰²

(7) 418-5769

(7) 418-6868

Shawn

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10/20/2000

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ pending property and/or \$ pending bodily injury for which I contend the City is liable.

1. Date of incident: 7/25/00 2. Time of Incident: 1:30 pm 3. Police called: Yes
(month/day/year) Yes No

4. Location of incident (including street address): turning lane to fenced in parking lot at city hall

5. Name of your insurance company: State Farm Insurance Policy No. P250-764-11A

6. State what and how incident occurred: our insured was driving behind claimant when claimant stopped and begin backing up. Claimant backed into our insured and was charged with improper backing by atlanta Police Department.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Nissan 1997 224 GWW Larry Bolden
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Dodge Robert Lee Abron, Jr
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: None
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Sharon Keahey
Signature of Claimant

Claim Representative Sharon Keahey
(Print Claimant's Name)

Claim # 11-3499-714
(Address)

(City, State and Zip Code)

(Work Number)

(Home Number)

GENERAL RELEASE AND INDEMNIFICATIONCLAIM NUMBER 00L0676\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND DOLLARS AND NO/100
 DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged,
 I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City,
 its officers and employees, from any and all claims, demands, actions, causes of action, suits, damages, loss and
 expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly
 for or on account of a vehicular accident
 which occurred on or about the 25th day of July, 2000,
 at or near 640 North Ave, NE

It is further understood and agreed that the payment of the above named sum is not to be considered as an
 admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
 undersigned further covenants and agrees to ~~indemnify and hold harmless~~ the City of Atlanta, its officers, agents,
 servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
 agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
 of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
 said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
 instrument.

WITNESS my hand and seal this 16th day of November 20 00

Sharon Carroll (LS)
 STATE FARM INSURANCE COMPANIES as subrogee
 of Linda D. Bolden

The above release was read and explained to, and signed by the said Sharon Carroll

Claim Expediter in our presence on the date above written.

Marguerite Carlson

Debra Hansen
 WITNESSES

00-R-1916